Office of the State Controller of California Division of Accounting and Reporting Annual Report of Local Health and Welfare Trust Funds for the 2010 - 11 Fiscal Year

MENTAL HEALTH TRUST FUND

For the County/City of _____

	1st - 4th			2010-11
Deposits	Quarters	July and August 2011		Annual Total
1. Sales Tax				
a. Allocation/Interest				
b. Less: State Hospital Offset				
c. Less: Managed Care Offset				
d. State Hospital Adjustments				
e. Total Sales Tax Revenue				
2. County Matching Funds				
a. Mental Health Match				
b. Vehicle License Fees (VLF) Annual Base				
c. Payments per Senate Bill 89				
d. Vehicle License Collection				
Account Fees				
e. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
Disbursements				
Transfers to Operating Funds				
6. Other (identify)				
7. Total Funds Disbursed				
8. Transfers In (Out) to				
Other Trust Funds				
Questions concerning the preparation of this report sho	uld be directed to			
Telephone No. ()				
Certification:				
As Mental Health Director for the County/City of	, I a	ertify that the amounts stated on t	his report are true, accurate,	and complete.
			·	
Mental Health Director	() Telephor	ne No.		Date
As Auditor-Controller for the County/City of		Longur with the Mental	Health Director that the amou	ınts
stated on this report are true, accurate, and complete.		, i concar with the inclital	Hodin Director trial trie affice	ar no
	()			

Telephone No.

Date

Auditor-Controller

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2010-11 Fiscal Year.

- ♦ Reports must be returned by **March 07, 2012**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- Report 2010-11 fiscal year deposits made August 2010 through August 2011 for Vehicle License Fees, and September 2010 through August 2011 for Sales Tax.
- Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ♦ Do not enter amounts in gray areas.

Deposits

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1	Sal	عما	Тау

a. Allocation/InterestW & I Code Sec. 17601

In the columns titled "1st - 4th Qtr," and "July and August 2011," enter the total of amounts allocated September 27, 2010, through June 27, 2011, and July and August 2011, respectively.

b. Less: State Hospital Offset W & I Code Sec. 17601

In the column titled "1st - 4th Qtr," enter the State Hospital Service contract offset amounts from September 27, 2010, through June 27, 2011. In the column titled "July and August 2011," enter the total of State Hospital Service contract offset amounts for July and August, 2011.

Note: Counties making direct payments should enter -0- and refer to line 6.

c. Less: Managed Care Offset

In the column titled "1st - 4th Qtr," enter the total of Managed Care Program offset amounts from September 27, 2010, through June 27, 2011. In the column titled "July and August 2011," enter the total of Managed Care Program offset amounts for July and August, 2011.

d. State Hospital Adjustments

In the column titled "1st - 4th Qtr," enter the total of State Hospital Adjustments from September 27, 2010, through June 27, 2011. In the column titled "July and August 2011," enter the total of State Hospital Adjustments for July and August, 2011. Include State Hospital adjustments, revisions, Schedule B adjustment amounts, and Excess Use offsets.

e. Total Sales Tax Revenue

Enter the total of lines 1a through 1d.

2. County/City Matching Funds

a. Mental Health Match W & I Code Sec. 17608.05 In the columns titled "1st – 4th Qtr," and "July and August 2011," enter the Matching funds deposited from September 27, 2010 through June 27, 2011, and July and August 2011, respectively. These amounts are based on the schedule developed by the State Department of Mental Health.

b. Vehicle License Fees (VLF) Annual Base In the column titled "1st - 4th Qtr," enter the total of amounts allocated August 27, 2010, through June 27, 2011. In the column titled "July and August 2011" enter the amounts allocated July 2011.

c. Payments per Senate Bill 89

In Column titled "July and August 2011", enter the total of amount allocated on August 27, 2011.

d. Vehicle License Collection Account Fees In the column titled "1st - 4th Qtr," enter the total of amounts allocated August 27, 2010, through June 27, 2011.

e. Total Matching Funds

Enter the total of lines 2a through 2d.

3. Other (identify)

Enter and identify all miscellaneous deposits.

4. Total Funds Deposited

Enter total of lines 1e, 2e and 3.

Disbursements

5. Transfer to Operating Funds

 $\label{thm:continuous} \mbox{Enter the total amounts transferred to other funds for spending purposes.}$

6. Other (identify)

Enter and identify any other disbursements made during the fiscal year.

7. Total Funds Disbursed

Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Trust Funds

Enter the Transfers In (Out) between trust fund accounts.

Office of the State Controller of California Division of Accounting and Reporting Annual Report of Local Health and Welfare Trust Funds for the 2010 - 11 Fiscal Year

HEALTH TRUST FUND

For the County/City of _____

	1st - 4th			2010-11
Deposits	Quarters	July and August 2011		Annual Total
1. Sales Tax	Quarters	outy una August 2011		Aimadi Total
a. Allocation/Interest				
b. Less: CMSP Offset				
c. Total Sales Tax Revenue				
C. Total Sales Tax Revenue				
2. County/City Matching Funds				
a. Health Match				
b. Vehicle License Fee				
i. Allocation/Interest				
ii. Less: CMSP Offset				
c. Payments per Senate Bill 89				
d. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
Disbursements				
Transfers to Operating Funds				
6. CMSP Payments				
7. Other (identify)				
8. Total Funds Disbursed				
Transfers				
Transfers In (Out) to Other Trust Funds				
		l .		
Questions concerning the preparation of this repo	ort should be directed to			
Telephone No. ()				
Certification:				
As Health Director for the County/City of	, I certify t	that the amounts stated on this repor	t are true, accurate, and complete	
	()			
Health Director	Tel	ephone No.		Date
As Auditor-Controller for the County/City of		, I concur with the Health D	irector that the amounts stated on	this report
are true, accurate, and complete.				
	()			
Auditor-Controller	Tel	ephone No.		Date

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2009-10 Fiscal Year.

- ♦ Reports must be returned by **March 07, 2012**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ♦ Report 2010-11 fiscal year deposits made August 2010 through August 2011 for Vehicle License Fees, and September 2010 through August 2011 for Sales Tax.
- Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- **♦** Do not enter amounts in gray areas.

Deposits

1. Sales Tax

a. Allocation/Interest In the columns titled "1st – 4th Qtr," and "July and August 2011" enter the total

of the amounts allocated September 27, 2010, through June 27, 2011, and

July and August 2011, respectively.

b. Less: CMSP Offset In the column titled "1st - 4th Qtr," enter the total amount of the County Medical

Service Program (CMSP) offsets from September 27, 2010, through

June 27, 2011.

c. Total Sales Tax Revenue Enter the total of lines 1a through 1b.

2. County/City Matching Funds

a. Health Match In the columns titled "1st – 4th Qtr," and "July and August 2011," enter the

Matching funds deposited from September 27, 2010 through June 27, 2011, and July and August 2011, respectively. These amounts are based on the schedule

shown in W & I Code Sec. 17608.10.

b. Vehicle License Fee

i. Allocation/Interest In the column titled "1st - 4th Qtr." enter the total of amounts allocated

August 27, 2010, through June 27, 2011. In the column titled "July and

August 2011" enter the amounts allocated July 2011.

ii. Less: CMSP Offset In column titled "1st – 4th Qtr," enter the total amount of the CMSP offsets

from August 27, 2010, through June 27, 2011.

c. Payments per Senate Bill 89 In Column titled "July and August 2011", enter the total of amount allocated on

August 27, 2011.

d. Total Matching Funds Enter the total of lines 2a through 2c.

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1c, 2d, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. CMSP Payments Enter the total of CMSP payment amounts from counties/cities making

direct payments to the Department of Health Services.

7. Other (identify) Enter and identify any other disbursements made during the fiscal year.

8. Total Funds Disbursed Enter the total of lines 5, 6, and 7.

Transfers

9. Transfers In (Out) to Other Enter the Transfers In (Out) between trust fund accounts.

Trust Funds

Office of the State Controller of California Division of Accounting and Reporting Annual Report of Local Health and Welfare Trust Funds for the 2010 - 11 Fiscal Year

SOCIAL SERVICES TRUST FUND

For the County of _____

Deposits	1st - 4th Quarters	July and August 2011	Growth	2010-11 Annual Total
1. Sales Tax				
a. Allocation/Interest				
b. Stabilization				
c. Caseload Growth				
d. Total Sales Tax Revenue				
2. Vehicle License Fees (VLF)				
a. VLF Annual Base				
b. Payments per Senate Bill 89				
c. Total VLF Revenue				
3. Other (identify)				
4. Total Funds Deposited				
Disbursements				
5. Transfers to Operating				
Funds				
C Other (identify)				
6. Other (identify)				
7 Total Funda Diahuraad				
7. Total Funds Disbursed Transfers				
Transfers In (Out) to Other Trust Funds				
Questions concerning the preparation of th	is report should be directed to			
Telephone No. ()				
Certification:				
As Social Services Director for the County	of, I certif	y that the amounts stated on this re	port are true, accurate, and comple	ete.
	()			
Social Services Director	Te	elephone No.		Date
As Auditor-Controller for the County of	As Auditor-Controller for the County of, I concur with the Social Services Director that the amounts stated			
on this report are true, accurate, and comp	lete.			
	()			
Auditor-Controller	Т	elephone No.		Date

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2010-11 Fiscal Year.

- ♦ Reports must be returned by **March 07, 2012**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Social Services and the County/City Auditor-Controller.
- ♦ Report 2010-11 fiscal year deposits made August 2010 through August 2011 for Vehicle License Fees, and September 2010 through August 2011 for Sales Tax.
- Refer to the remittance advice received with your payments and balance with the amounts on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ♦ Do not enter amounts in gray areas.

Deposits

 Sales T 	ax
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a. Allocation/Interest In the columns titled "1st - 4th Qtr," and "July and August 2011," enter the total of

amounts allocated September 27, 2010 through June 27, 2011,

and July and August 2011, respectively.

b. Stabilization In the column titled "1st - 4th Qtr," enter the amount allocated

November 24, 2010.

c. Caseload Growth In the column titled "Growth ", enter the Caseload Growth payment allocated

September 27, 2011.

d. Total Sales Tax Revenue Enter the total of lines 1a through 1c.

2. Vehicle License Fees (VLF)

a. VLF Annual Base In column titled "1st - 4th Qtr," enter the amount allocated August 27, 2010,

through June 27, 2011. In the column titled "July and August 2011," enter the

amounts allocated in July 2011.

August 27, 2011.

c. Total VLF Revenue Enter the total of lines 2a through 2b.

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1d, 2c and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify) Enter and identify any other disbursements made during the fiscal year.

7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Enter the Transfers In (Out) between trust fund accounts.

Trust Funds